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**FACSIMILE TRANSMITTAL COVER SHEET**

DATE: 09/27/05 FILE NUMBER: FIL 1864  
PTO FACSIMILE NUMBER: (571) 273-8300

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Type of paper transmitted: Amendment B

Applicant's Name: David Harris

Serial No.: 10/642,714 Examiner: B. Snow

Filing Date: 08/18/03 Art Unit: 3738 Confirmation No.: 4374

Application Title: PROSTHESIS

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FEER TRANSMITTAL

Application Number 10/642,714  
 Filing Date 08/18/03  
 Inventor(s) David Harris  
 Examiner Name Bruce Edward Snow  
 Attorney Docket Number FIL 1864

Art Unit 3738  
 Confirmation No. 4374

Applicant claims small entity status.

## METHOD OF PAYMENT

The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

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## FEE CALCULATION

1.  BASIC FILING, SEARCH AND EXAMINATION FEES  
 (Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2.  EXCESS CLAIM FEES

Total Claims \_\_\_\_\_ - \_\_\_\_\_ (HP) = 0 x Fee \_\_\_\_\_ = \$ 0.00  
 Indep Claims \_\_\_\_\_ - \_\_\_\_\_ (HP) = 0 x Fee \_\_\_\_\_ = \$ 0.00  
 Multiple Dependent Claims Fee \_\_\_\_\_  
(HP = highest number of claims paid for) Subtotal (2) \$ 0.00

3.  APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN + 50 = 0 x \$250 = \$ 0.00  
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ 0.00

4.  OTHER FEE(S)

One month extension of time  
 Information disclosure statement  
 37 CFR 1.17(q) processing fee  
 Non-English specification  
 Notice of Appeal  
 Filing a brief in support of appeal  
 Request for oral hearing  
 Other: \_\_\_\_\_

Subtotal (4) \$ 60.00

TOTAL AMOUNT OF PAYMENT \$ 60.00

*Kurt F. James* 09/27/05  
 Kurt F. James Reg. No. 33,716 Date  
 Telephone: 314-231-5400

KFJ/mlt